

For office use only:
☐ Processing Fee Paid
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FORM CG-3
Rev. 2/02

**COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION AND REGULATION CABINET
DEPARTMENT OF CHARITABLE GAMING**

**Application for License for
MANUFACTURER
Of Charitable Gaming Supplies and Equipment**

1. TYPE OF LICENSE SOUGHT: _____ NEW
_____ RENEWAL - LICENSE NUMBER _____

2. NAME OF APPLICANT (MANUFACTURER): _____

PLEASE LIST ANY OTHER NAMES UNDER WHICH YOU CONDUCT BUSINESS IN THE UNITED STATES:

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

3. IS APPLICANT ORGANIZED AS: _____ CORPORATION
_____ PARTNERSHIP
_____ SOLE PROPRIETORSHIP
_____ OTHER

IF "OTHER", EXPLAIN IN DETAIL: _____

4. MAILING ADDRESS: _____

COUNTY: _____

TELEPHONE: (____) _____

5. FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER: _____

NOTE: Pursuant to KRS 238.530(3) no owner, officer, employee, or an immediate family member of an owner, officer, or employee of a facility shall be eligible for licensure as a distributor or manufacturer.

6. DATE OF BIRTH (IF APPLICANT IS AN INDIVIDUAL): _____

Please refer to KRS 238.530(10) for restrictions on all officers, employees, members, volunteers, and the immediate family and/or affiliates of each, relating to a licensed charitable organization's gaming activities.

- 7a. IF APPLICANT IS A CORPORATION, THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OF THE CORPORATION. **NOTE: THESE OFFICERS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACKGROUND CHECKS.**

FULL NAME: _____	FULL NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: (____) _____	TELEPHONE: (____) _____
CHIEF EXECUTIVE OFFICER'S TITLE: _____	CHIEF FINANCIAL OFFICER'S TITLE: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____

- 7b. THE FOLLOWING INFORMATION IS REQUIRED FOR OFFICERS OF THE APPLICANT **NOT LISTED** IN QUESTION #7a ABOVE:

FULL NAME: _____	FULL NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: (____) _____	TELEPHONE: (____) _____
OFFICER'S TITLE: _____	OFFICER'S TITLE: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____

FULL NAME: _____	FULL NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: (____) _____	TELEPHONE: (____) _____
OFFICER'S TITLE: _____	OFFICER'S TITLE: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____

FULL NAME: _____	FULL NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: (____) _____	TELEPHONE: (____) _____
OFFICER'S TITLE: _____	OFFICER'S TITLE: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

8a. IF APPLICANT IS NOT A CORPORATION, THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OF THE APPLICANT. **NOTE: THESE OFFICERS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACK-GROUND CHECKS.**

FULL NAME: _____
ADDRESS: _____

TELEPHONE: (____) _____
CHIEF EXECUTIVE OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULL NAME: _____
ADDRESS: _____

TELEPHONE: (____) _____
CHIEF FINANCIAL OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

8b. LIST ALL OTHER PERSONS WITH MANAGEMENT RESPONSIBILITIES **NOT LISTED** IN QUESTION #8a:

FULL NAME: _____
ADDRESS: _____

TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND DESCRIBE
REGULAR JOB DUTIES: _____

FULL NAME: _____
ADDRESS: _____

TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND DESCRIBE
REGULAR JOB DUTIES: _____

FULL NAME: _____
ADDRESS: _____

TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND DESCRIBE
REGULAR JOB DUTIES: _____

FULL NAME: _____
ADDRESS: _____

TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND DESCRIBE
REGULAR JOB DUTIES: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

9. THE FOLLOWING INFORMATION IS REQUIRED FOR EACH INDIVIDUAL WHO HAS A 10% OR GREATER FINANCIAL INTEREST IN THE APPLICANT. **NOTE: THESE INDIVIDUALS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACKGROUND CHECKS.**

FULL NAME: _____	FULL NAME: _____
ADDRESS: _____	ADDRESS: _____
TELEPHONE: (____) _____	TELEPHONE: (____) _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

10. WHEN DID APPLICANT BEGIN CONDUCTING BUSINESS IN KENTUCKY? _____
11. IF APPLICANT IS NOT A RESIDENT OF THE COMMONWEALTH OF KENTUCKY, PROVIDE THE NAME AND ADDRESS OF APPLICANT'S REGISTERED AGENT IN KENTUCKY:
- NAME: _____
- ADDRESS: _____
- COUNTY: _____
- TELEPHONE: (____) _____
12. HOW LONG HAS APPLICANT BEEN A MANUFACTURER OF CHARITABLE GAMING SUPPLIES AND EQUIPMENT?
- TOTAL NUMBER OF YEARS: _____
13. IS APPLICANT CURRENTLY LICENSED OR PERMITTED AS A MANUFACTURER OF CHARITABLE GAMING SUPPLIES AND EQUIPMENT IN ANY OTHER STATES OR TERRITORIES? ☐ YES or ☐ NO

IF "YES", FOR EACH SUCH STATE/TERRITORY, SPECIFY THE DATE OF LICENSURE, THE LICENSE OR PERMIT NUMBER (IF APPLICABLE) AND THE TYPE OF LICENSE ISSUED:

STATE/TERRITORY: _____	STATE/TERRITORY: _____
DATE OF LICENSURE: _____	DATE OF LICENSURE: _____
LICENSE OR PERMIT NUMBER: _____	LICENSE OR PERMIT NUMBER: _____
TYPE OF LICENSE ISSUED: _____	TYPE OF LICENSE ISSUED: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

14. HAS THE APPLICANT HAD ANY DISCIPLINARY ACTION TAKEN BY REGULATORY AUTHORITIES IN ANY OTHER STATES OR TERRITORIES? ☐ YES or ☐ NO

IF "YES", EXPLAIN IN DETAIL THE CIRCUMSTANCES:_____

15. HAS THE APPLICANT EVER BEEN DENIED A LICENSE OR PERMIT IN ANY STATE OR TERRITORY? ☐ YES or ☐ NO

IF "YES", STATE WHEN AND BY WHAT REGULATORY AUTHORITY AND ON WHAT GROUND(S):_____

16. HAS APPLICANT OR ANY INDIVIDUAL NAMED IN QUESTIONS #7a, #8a, OR #9 BEEN CONVICTED OF A CRIME IN FEDERAL COURT OR THE COURTS OF ANY STATE, THE DISTRICT OF COLUMBIA, OR ANY TERRITORY OF THE UNITED STATES?
☐ YES or ☐ NO

☐ Information has not changed from previously reported conviction(s).

IF "YES", DESCRIBE IN DETAIL:

17. IS THE APPLICANT LICENSED AS A WHOLESALE OR DISTRIBUTOR OF ALCOHOLIC BEVERAGES?
☐ YES or ☐ NO

18. IS THE APPLICANT LICENSED AS A CHARITABLE GAMING FACILITY?
☐ YES or ☐ NO

19. IS THE APPLICANT LICENSED AS A CHARITABLE ORGANIZATION?
☐ YES or ☐ NO

20. IS THE APPLICANT LICENSED AS A DISTRIBUTOR?
☐ YES or ☐ NO

21. IS ANY OFFICER, EMPLOYEE, OR CONTRACTEE OF APPLICANT:

A. MANAGING OR OTHERWISE INVOLVED IN THE CONDUCT OF THE CHARITABLE GAMING?

☐ YES or ☐ NO

B. PROVIDING BOOKKEEPING OR ACCOUNTING SERVICES RELATED TO THE CONDUCT OF CHARITABLE GAMING?

☐ YES or ☐ NO

C. HANDLING ANY MONEYS GENERATED IN THE CONDUCT OF CHARITABLE GAMING?

☐ YES or ☐ NO

D. ADVISING A LICENSED CHARITABLE ORGANIZATION ON THE EXPENDITURE OF NET RECEIPTS FROM THE CHARITABLE GAMING?

☐ YES or ☐ NO

E. PROVIDING TRANSPORTATION SERVICES IN ANY MANNER TO PATRONS OF A CHARITABLE GAMING ACTIVITY?

☐ YES or ☐ NO

F. PROVIDING ADVERTISEMENT OR MARKETING SERVICES IN ANY MANNER TO A LICENSED CHARITABLE ORGANIZATION?

☐ YES or ☐ NO

G. PROVIDING PERSONNEL OR VOLUNTEERS IN ANY MANNER?

☐ YES or ☐ NO

22. WHAT CHARITABLE GAMING SUPPLIES AND EQUIPMENT ARE MANUFACTURED BY YOUR COMPANY?

Bingo Paper
Charity Game Tickets
Hand-Held Bingo Card Minding Devices
Bingo Flash Boards and Blowers
Festival – Carnival Type Games
Monte Carlo Type Games

THE APPLICANT SHALL NOTIFY THE DEPARTMENT OF CHARITABLE GAMING IN WRITING OF ANY CHANGES IN RESPONSES TO QUESTIONS 1-22 ABOVE.

THE FOLLOWING IS TO BE COMPLETED BY AN OFFICER LISTED ON QUESTIONS #7a, #7b, OR #8a:

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM AN OFFICER AUTHORIZED BY THE APPLICANT TO MAKE APPLICATION FOR LICENSURE AND THAT I HAVE EXAMINED THIS APPLICATION FOR LICENSURE, INCLUDING ACCOMPANYING MATERIALS, AND ALL INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. I FURTHER CERTIFY THAT THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS AND ADMINISTRATIVE REGULATIONS REGARDING CHARITABLE GAMING IN THE COMMONWEALTH OF KENTUCKY.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

MAIL COMPLETED APPLICATION (INCLUDING ALL REQUIRED ATTACHMENTS), TOGETHER WITH THE \$25.00 PROCESSING FEE MADE PAYABLE TO “KENTUCKY STATE TREASURER”, TO:

**PUBLIC PROTECTION AND REGULATION CABINET
DEPARTMENT OF CHARITABLE GAMING
DIVISION OF LICENSING & COMPLIANCE
132 BRIGHTON PARK BOULEVARD
FRANKFORT, KY 40601-3714**

IF YOU NEED ANY HELP COMPLETING THIS APPLICATION, PLEASE CALL (502) 573-5528 OR TOLL-FREE IN KENTUCKY, (800) 729-5672.

VISIT OUR WEBSITE AT:
<http://dcg.state.ky.us>